

The Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

231

Office of Registrar of Vital Statistics.

Ward

10⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7th '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Peyton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

20

Years,

Months,

Days.

Color,

Mucous

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto City.

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{ Give Street and Number. }

636 Penn ally

Cause of Death,

{ First (Primary),

Second (Immediate),

Consumption

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's

Date of Burial,

June 8th '87

F. B. Gardner

M. D.

{ Undertaker

W. H. H. H.

Medical Attendant.

{ Place of Business,

561 W. Charles

Address,

424 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 232 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 - '88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Ricks + Henrietta R. (parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 35 Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Col

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1438 Morton Alley

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 8th/88

Undertaker, Alex / Hensley Medical Attendant, Alexander Hill, M. D.

Place of Business, 561 Orchard Address, Coroner

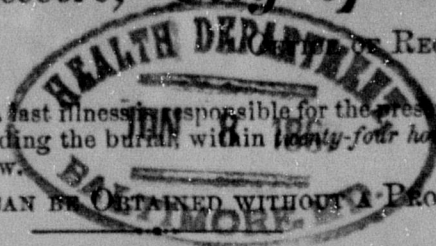
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Board of Health, City of Baltimore,

Permit No. 233



REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bessie Gale

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, _____ Years, 5 Months, _____ Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 514 Oxford St

Cause of Death, { First, (Primary,) Tubercular Meningitis }
{ Second, (Immediate,) _____ }

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 8th 88 Dr. L. Fetterhoff M. D.

Medical Attendant.

{ Undertaker, Wm. Hensley }

{ Place of Business, 561 Archard St Address, 1419 Druid Hill }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 234 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, Julia Augusta Butcher { Write legibly and spell correctly. If an Infant, not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, not stated

Birth Place, not stated { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 3020 Hudson { Give Street and Number. }

Cause of Death, Cholera { First (Primary), Second (Immediate). }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th 1887

Undertaker, Fred Gaede E. J. William M. D. Medical Attendant.

Place of Business, 100 S. Caroline Address, 2820 Bladensburg

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

235

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Elizabeth Horner.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty-six Years, three Months, twenty one Days.

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Balt. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.}

3 N. Lee St.

Cause of Death, {First (Primary), Enteritis
Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Wed. June 8

Undertaker, Armstrong & Sons

Place of Business, Light & Montgomery

R. J. N. Tall. M. D.

Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

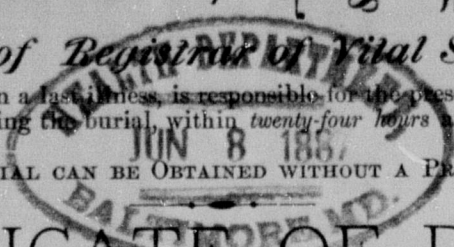
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 236 Office of Registration of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, Joseph Shavers ✓
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female Male
{ Cross out the word not required in this line. }

Age, 67 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Don't know.
{ Cross out the words not required in this line. }

Occupation, Baker

Birth Place, Fredrick City Maryland.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Balto University Hospital Bond St
{ Give Street and Number. }

Cause of Death, Paralysis -
exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Fredrick City Md

Date of Burial, June 9th 1887

Undertaker, Deeny & Mitchell 73. S. Roseberry M. D. Medical Attendant.

Place of Business, 500 N. Fayette St Address, 1209 John St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 237** Office of Registrar of Vital Statistics.

Ward **9²**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 7th 1889**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mother's name
Marguerite Morris**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **1 1/2 days** Years, Months, Days.

Color, **Black**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **115 W. Lombard St.**

Duration of Residence in the City of Baltimore, **Life Time**

Place of Death, { Give Street and Number. } **115 W. Lombard St.**

Cause of Death, { First (Primary), Premature Birth
Second (Immediate), Heart Failure

Duration of Last Sickness, **1 1/2 days**

All the above information should be furnished by the Physician.

Place of Burial, **Reserved**

Date of Burial, **for Anatomical**

{ Undertaker, **for Anatomical** } **L. L. Hutto** M. D.

{ Place of Business, **same** } Address, **115 W. Lombard St.**

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[OVER.]

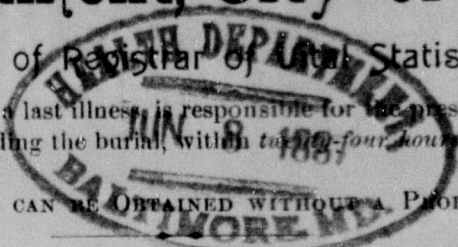
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Health Department, City of Baltimore.

Permit No. **A 238** Office of Registrar of Vital Statistics. Ward **8¹¹/₇**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within **two** ~~two~~ ^{four} hours after the death of said decedent, or sooner if requested so to do, under penalty of law.



NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 6th 1887**
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **James Richard Williams**
Sex, Male or Female, { Cross out the word not required in this line. } **Male**
Age, **9** Years, **9** Months, **✓** Days
Color, **Black**
~~Married, Single, Widows or Widower,~~ { Cross out the words not required in this line. }

Occupation, **City-**
Birth Place, { State or country, and how long in the United States, if of foreign birth. } **City-**
Duration of Residence in the City of Baltimore, **1312**
Place of Death, { Give Street and Number. } **Butter St**
Cause of Death, { First (Primary), Second (Immediate), } **Meningitis**
Duration of Last Sickness, **8 days**

All the above information should be furnished by the Physician.

Place of Burial, **Govanston**
Date of Burial, **June 8th 1887**
{ Undertaker, **Alex Hensley** Medical Attendant, **C. M. Belfrage M.D.**
Place of Business, **561 Orchard St** Address, **1010 Cathedral St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 239 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7/87 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. J. Williams -

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 73 Years, 1 Months, — Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore -

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } 1426 W. Lenoire.

Cause of Death, { First (Primary), Leukocytemia. Second (Immediate), Exhaustion. }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Court

Date of Burial, June 9th 1887

{ Undertaker, W. H. Smith } R. H. Goldsmith. M. D. Medical Attendant.

{ Place of Business, 1408 Lenoire } Address, Harlem W. & Calver

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

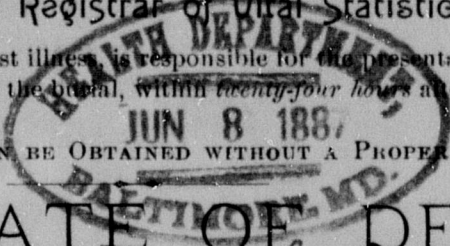
Permit No. A 240

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 5th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Foreman
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 6⁰ Years, Months, ✓ Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Port Deposit Ind
Birth Place, { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 5-8 East St
Place of Death, { Give Street and Number. }
Cause of Death, { First (Primary), Cardiac
Second (Immediate), Dropsy }
Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery
Date of Burial, June 7 1887
Undertaker, William H. Ingers
Place of Business, 150 East St
Address, 1010 Cathedral St
A. M. Belt M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]